**Introduction**

The use of telehealth for neuropsychological assessments has been well researched over the years (Breaux, 2017). With the recent federal lockdown requirements and social distancing mandates due to the COVID-19 pandemic, neuropsychologists, many of whom may have never had to or thought about using telehealth to conduct assessments, were quickly forced into considering the use of telehealth. Many questions likely arose; does one postpone seeing their patient until after the lockdown ends; since insurance mandates have been temporarily altered, should one begin seeing patients again. Recently, guidelines for conducting neuropsychological assessments have been released by many large professional organizations such as the American Psychological Association and the National Academy of Neuropsychology, amongst others. These guidelines help to clarify how to begin seeing patients amidst the pandemic.

Although these guidelines have been released, a quick read of common limitations experienced by researchers who have compared the efficacy of conducting assessments via telehealth versus in person, has not been released, to the knowledge of this writer. Therefore, this paper has compiled the literature available on telehealth assessments compared to in person and the literature’s proposed solutions, into one consolidated chart. The goal is to assist neuropsychologists transition to telehealth assessment services.

**Method**

The researchers conducted a comprehensive literature review and collected articles from various databases to include PubMed, PsycINFO, PsycNET, ProQuest, EBSCOhost, and grey literature (e.g., Google Scholar). The search yielded more than 100 articles; additional analysis reduced it to fourteen articles that met the inclusion criteria. Inclusion criteria included research that examined the differences between face-to-face versus telepsychology administration, cited limitations to telepsychology and solutions proposed for future corrections.

**Results**

The data from each study was collected and divided into multiple themes that best captured limitations and solutions. The limitations and solutions are listed in Table 1 along with their citation.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Limitations</th>
<th>Solutions</th>
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<tbody>
<tr>
<td><strong>Patient Concerns</strong></td>
<td>Fatigue and practice effects&lt;sup&gt;1&lt;/sup&gt;, Patient Selection&lt;sup&gt;2&lt;/sup&gt;,&lt;sup&gt;10&lt;/sup&gt;</td>
<td>Adjust statistical analysis&lt;sup&gt;1&lt;/sup&gt;, Consider criteria for pt selection including dx, physical abilities, and access&lt;sup&gt;2&lt;/sup&gt;,&lt;sup&gt;10&lt;/sup&gt;</td>
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<td><strong>Selection of Instruments</strong></td>
<td>Altered standard administration&lt;sup&gt;2&lt;/sup&gt;,&lt;sup&gt;4&lt;/sup&gt;, Need for physical manipulation of assessment (i.e., blocks)&lt;sup&gt;3&lt;/sup&gt;, Length of neuropsych batteries&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Need more assessments to choose from&lt;sup&gt;2&lt;/sup&gt;,&lt;sup&gt;4&lt;/sup&gt;</td>
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<tr>
<td><strong>Procedural Concerns</strong></td>
<td>Data Security&lt;sup&gt;4&lt;/sup&gt;,&lt;sup&gt;11&lt;/sup&gt;, Getting material to pt&lt;sup&gt;11&lt;/sup&gt;, Assessment set up&lt;sup&gt;7&lt;/sup&gt;, Confidence in conducting via telehealth&lt;sup&gt;5&lt;/sup&gt;, Recording scores&lt;sup&gt;9&lt;/sup&gt;, Live scoring for visual spatial components vs fixed complete score sheets&lt;sup&gt;6&lt;/sup&gt;, Face to Face vs. telehealth and pt performance&lt;sup&gt;4&lt;/sup&gt;, Individual vs group&lt;sup&gt;9&lt;/sup&gt;</td>
<td>Be mindful of what you ask pts to do, i.e. print&lt;sup&gt;11&lt;/sup&gt;, Trained proctors to assist pt offline&lt;sup&gt;7&lt;/sup&gt;, Adapt tech to watch pt open tests in front of admin&lt;sup&gt;11&lt;/sup&gt;, Practice&lt;sup&gt;9&lt;/sup&gt;, No differences found in either method of scoring&lt;sup&gt;6&lt;/sup&gt;, Touchscreen for pt if possible&lt;sup&gt;5&lt;/sup&gt;, Consider additional cues when appropriate that would normally occur during face to face&lt;sup&gt;3&lt;/sup&gt;</td>
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<td><strong>Other Potential Confounds</strong></td>
<td>Difficulty understanding words&lt;sup&gt;2&lt;/sup&gt;, Administrator overgeneralization of words&lt;sup&gt;4&lt;/sup&gt;</td>
<td>Difficult to know if the unconscious overgeneralization of words can be helped&lt;sup&gt;4&lt;/sup&gt;</td>
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**Conclusion**

One of the most efficient ways to learn how to properly do something is to listen to the experience of others. By compiling a list of limitations and solutions proposed by esteemed colleagues in the neuropsychological field of psychology, other professionals can now assess how they would like to incorporate telehealth into their practice, have a consolidated list from which to read the most recent literature and then begin exploring ways this may help their patients during this pandemic.

Additionally, this allows for a consolidated read in which to spark creativity and other thoughts to promote further areas of research and potential solutions to specific matters. For instance, Harrel, et. al. (2014) suggest rural areas may benefit from setting up a local testing site within the confines of an already established mental health clinic in order to serve a population in need. This and other potential solutions can be developed through reading others creative ways of overcoming barriers to conducting neuropsychological assessments via telehealth.

**Select References:**
